PRINTED: 06/07/2011 FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	NVN497			B. WING		08/10/2010		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1		
NORTHERN NEVADA CORRECTIONAL CENTER				21 E SNYDER AVE RSON CITY, NV 89701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	OVIDER'S PLAN OF CORRECTION I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S 000	Initial Comments			S 000				
	Initial Comments This Statement of Deficiencies was generated as a result of survey conducted at your facility on 8/10/10 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.							
S 126	NAC 449.327 Sterile Equipment	Supplies and Medical		S 126				
	stores its supplies and develop systems and consistent with: (a) The standards for	ich prepares, sterilizes dequipment directly sh standards that are the control of infection ection control officer of	all					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	NVN4973PRI			B. WING		08/10/2010		
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 00/1	0/2010	
NORTHERN NEVADA CORRECTIONAL CENTER				I E SNYDER AVE SON CITY, NV 89701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE		
S 126	Continued From page	Continued From page 1						
	This Regulation is not met as evidenced by: Based on observation and interview on 8/10/10, the facility failed to sterilize medical instruments according to standards for the control of infection. Ninety percent of the sterilized instrument packages contained instruments that were sterilized in the closed position.							
S 129	NAC 449.327 Sterile Supplies and Medical Equipment 3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on interview and record review on 8/10/10, the facility failed to ensure that the process of sterilization was supervised by a person who had received specialized training in the sterilization process.			S 129				
S 219	NAC 449.340 Pharma	aceutical Services		S 219				
	distributed in a manne applicable state and f This Regulation is no Based on observation failed to ensure that e biologicals were not a	als must be controlled a er which is consistent we dederal laws. of met as evidenced by: n on 8/10/10, the facility expired medications and available for use on 3 of (dental services, unit 6,	vith , d/or f 5					
S 255	NAC 449.349 Emerge	ency Services		S 255				

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AND DUAN OF CODDECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN4973PRI				B. WING		08/10/2010		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE			
			1721 E SNYD CARSON CIT	NYDER AVE CITY, NV 89701				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
S 255	Continued From page	Continued From page 2						
	1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation and interview on 8/10/10, the facility failed to ensure that inmates in and near Unit 6 would receive prompt medical attention because this remote unit had no "man down" kit.							
S 339	9 NAC 449.363 Personnel Policies			S 339				
	license or certification each person employe contract with the hosp licensed or certified b This Regulation is no Based on record revie failed to ensure that 2) had evidence of traini	or der be o.					
S 595	NAC 449.391 Dental	Services		S 595				
		eds of patients must be						
	Based on observation failed to ensure that pequipment was availathe instruments in the been sterilized in the	t met as evidenced by: on 8/10/10, the facility roperly sterilized denta ble for use. The major sterile supply cabinet I closed position and cle d on towels changed o	il ity of had an					